PLANETREE PATIENT- & RESIDENT-CENTERED CARE SELF-ASSESSMENT TOOL

Revised March 2014

This tool is designed to support organizations in evaluating the current state of their patient- or- resident-centered culture and identifying priorities for continuous improvement. A complement to existing PCC practice inventories, the self-assessment tool's targeted reflection questions and prompts to supply supportive evidence provide guidance in looking beyond the existence of specific PCC policies, structures and processes to examine in more depth the penetration, effectiveness and impact of those strategies.

The self-assessment is organized around the criteria for the Patient-Centered Designation Program, developed by Planetree (www.planetree.org) to recognize excellence in patient- and resident-centered care across the continuum. By translating fundamental elements of patient-centered care and patient and family engagement into actionable and operational criteria, the program—and this self-assessment—serves as a blueprint for creating a depth of organizational change that includes transformation of attitudes and behaviors, supported by the structures and processes necessary to sustain those behaviors. The criteria are intended to be applicable to all health care providers. In some cases, however, specific criteria may apply differently in various health care settings, and not all criteria apply to all settings.

Submission of the completed self-assessment, along with the supportive documentation, is the first step for sites interested in participating in the formal designation process*. However, the tool stands on its own (outside of its function as an application for Patient-Centered Designation) as a resource to assist organizations in operationalizing patient- or resident-centered care concepts.

It is important to note, however, the shortcomings of any organizational or provider self-reported assessment of PCC (including this one). The missing piece is the essential perspective of patients and family members, providing validation that the policies, practices, structures and processes implemented effectively meet *their* needs, how *they* define them. Strategies such as focus groups with patients and families, involvement of the patient and family advisory council in completing this self-assessment and patient interviews are all examples of ways to undertake a more comprehensive and inclusive self-assessment of a PCC culture.

* Additional information on the Designation Program can be found at http://planetree.org/what-is-planetree-designation/ or by calling 203-732-1365.

Section I: Structures and Functions Necessary for Implementation, Development and Maintenance of Patient-/Resident-Centered Concepts and Practices

Objectives:
The site's commitment to patient-/resident-centered care extends and is communicated to all levels (governing body, administration, physicians, management, staff, volunteers, patients/residents and families).

Community needs and patient/resident perceptions are incorporated in the planning and implementation of patient-/resident-centered programmatic elements, and their active involvement is encouraged.

All clinical and non-clinical staff, medical staff, and volunteers are involved in the implementation and dissemination of patient-/resident-centered initiatives.

Criteria	*Questions Requiring Response*	*Documentation Required*
I.A: A multi-disciplinary task force, including patients/residents and family members, is established to oversee and assist with implementation and maintenance of patient-/resident-centered practices. Active participants on the task force include a mix of non-supervisory and management staff and a combination of clinical and non-clinical staff. The group meets regularly (every 4-6 weeks) on an ongoing basis.	☐ When was your task force initiated? ☐ How often does it meet? ☐ Are meeting minutes generated?	☐ Copies of minutes from the past three meetings ☐ List of the names and job titles/role (patient/resident, family member) of your steering team members
I.B: A patient-/resident-centered care coordinator or point person is appointed who is able to commit the time required to champion related activities on an ongoing basis.	☐ What is the coordinator's name and job title? ☐ Approximately how many hours per week does this person spend on patient-/resident-centered tasks and responsibilities?	☐ Coordinator's job description
I.C: Patient/resident, family and staff focus groups are conducted on-site by Planetree or another qualified, independent vendor periodically (recommended interval is at least every 18 months), and the results are shared at a minimum with senior management, the governing body, and staff.	☐ Please list the dates of your most recent patient-/resident-centered focus groups with patients/residents, families, and staff. ☐ How were the findings shared and with whom?	☐ A summary report on the findings of your most recent focus groups with patients/residents, families and staff

Criteria	*Questions Requiring Response*	*Documentation Required*
I.D: Information on patient-/resident-centered care implementation and related clinical, operational and financial metrics is shared with all key organizational stakeholders, including the governing body, at a minimum quarterly. Goals and objectives related to patient-/resident-centered care are adopted as part of the organization's strategic and/or operational plan.	☐ How is information on patient-/resident-centered care efforts shared with your governing body (e.g. highest authority that has governance responsibility) on an ongoing basis? ☐ How do you communicate information about patient-/resident-centered care with patients/ residents and their family members? ☐ As changes occur in the organization (e.g., board, senior leaders, coordinator), what are your plans for maintaining and transferring knowledge about your patient-/resident-centered philosophy of care? ☐ What clinical, operational and financial metrics do you monitor to gauge progress in patient-/resident-centered care implementation? ☐ How have you aligned patient-/resident-centered care initiatives with your organization's current strategic and/or operational plan?	☐ A copy of your patient-/resident-centered care dashboard, or other reporting mechanism regularly updated to monitor implementation progress and related outcomes ☐ A copy of your organization's current strategic and/or operational plan (or the executive summary)

Criteria	*Questions Requiring Response*	*Documentation Required*
I.E: An ongoing mechanism is in place to solicit input and reactions from patients/residents, families, and the community on current practices and new initiatives, and to promote partnership between these stakeholders and the organization's leadership and governing body. This may be achieved via an active patient/resident/ family or community advisory council with regular meetings (at a minimum six times a year) and access to decision-makers, or some other effective mechanism to obtain regular input from patients/residents and community. Participation is representative of the community served.	☐ Do you have a patient/resident or community advisory council place? ☐ If yes, when was it established? How often does it meet? How are participants selected? Who serves as the consistent link between the council and the governing body (i.e. regularly participates in meetings of both groups)? Is this person a staff or community member? ☐ If no, what other formalized mechanism is in place to obtain regular input from patients/ residents and community members?	☐ Minutes from the last two advisory council meetings
I.F. Leadership exemplifies approaches that motivate and inspire others, promote positive morale, mentor and enhance performance of others, recognize the knowledge and decision-making authority of others and model organizational values, as demonstrated in focus groups with staff, employee experience survey results and the adoption of transformational leadership practices.	☐ Describe any transformational leadership practices adopted in the organization. Examples include leadership rounding on both patients/residents and staff, completion and use of a leadership self-assessment tool that includes dimensions of effectiveness in communicating a vision, ability to inspire others, commitment to engaging others in culture change, etc.	☐ List any supervisory/leadership training conducted over the past two years

Section II: Human Interactions/Independence, Dignity and Choice

Objectives:

Staff is supportive and respectful of all patients/residents and their families, and management is supportive and respectful of all staff.

All staff members see themselves as caregivers in a multi-disciplinary team approach.

Staff members are empowered to act as patient/resident advocates and educators.

Decision-making by staff members who provide direct care to patients/residents is supported.

Open and direct communication is demonstrated among all staff and managers.

Continuity of care and accountability for patients/residents is maximized and maintained for the duration of one's care, including during transitions between levels of care.

Staff has input (either unit-based or hospital-wide) in determining how patient-/resident-centered care is delivered.

Care for caregivers is provided in regular and meaningful ways.

Individuals are recognized and acknowledged for their work in creating a patient-/resident-centered environment.

Billing processes are transparent, respectful and responsive to the needs of patients/residents and families.

Systems are in place to maximize the independence, dignity and choice of patients/residents. Patients'/residents' personal preferences are honored, and their customary daily habits and routines are upheld to the extent possible.

The organization balances safety considerations with being supportive of patient/resident empowerment, independence and dignity.

In continuing care environments, residents and family are encouraged to feel a sense of belonging, individuality, ownership and pride in their community.

Criteria	*Questions Requiring Response*	*Documentation Required*
II.A: All staff members of the primary organization being recognized, including off-shift, part-time, and support staff are given an opportunity to participate in a patient-/resident-centered staff retreat experience or a comparable experiential PCC immersion, with a minimum concurrent completion rate of 85%. In addition, per diem staff, employed medical staff and other providers (physician assistants, nurse practitioners and clinical nurse specialists) and volunteers are encouraged to participate in a retreat experience.	☐ Describe your staff retreat process (length, agenda, location, facilitators, frequency, and participation rates), and if you do not hold 8-hour retreats, describe how you engage employees and educate them about patient-/resident-centered care perspectives, sensitize them to the patient/resident experience and support changes in attitude and culture that move the organization toward a more holistic approach to care. ☐ What percentage of staff has completed retreats or the equivalent to-date? (If it is 85% or less, please describe your plan to provide retreats for the remaining staff.) ☐ Are you continuing to offer staff retreats to all new employees? ☐ Are volunteers invited to participate in retreats or an alternative program specific to patient-/resident-centered care? ☐ Do members of your medical staff participate in staff retreats or other patient-/resident-centered initiatives?	☐ Retreat agenda/curriculum

Criteria	*Questions Requiring Response*	*Documentation Required*
II.B: Physicians are oriented, regularly educated about, and encouraged to participate in patient-/resident-centered initiatives, and demonstrate behaviors consistent with the organization's culture of patient-/resident-centered care. An independently administered physician engagement survey is conducted at least once every three years using a validated survey instrument, and validates physicians' understanding and engagement in that culture.	☐ Describe how members of your medical staff are involved in your patient-/resident-centered initiative, how they are/were oriented to the model of care, and how they are encouraged to participate. ☐ Describe processes in place for holding members of medical staff accountable for behaviors inconsistent with the organization's culture of patient-/resident-centered care. ☐ Describe any additional training/ education that has been designed specifically for your medical staff and when it was offered. ☐ How often are physician experience surveys conducted? When was the most recent administered?	☐ Summary results of your most recent physician experience survey
II.C: Continuing education to reinforce and revitalize staff engagement in patient-/resident-centered behaviors and practices and build competence around the community's evolving needs is offered on an ongoing basis to all staff in meaningful ways determined by the organization.	☐ Do you offer second-level or ongoing staff retreats? If yes, please describe. ☐ Please describe any additional educational opportunities offered to your employees that reinforce patient-/resident-centered concepts, practices and behaviors and build competence among staff to address the evolving needs of the community.	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
II.D: A comprehensive presentation on patient-/resident-centered care concepts, practices and initiatives is provided for all new staff and volunteers as a part of orientation. In continuing care environments, residents and family members are included in a meaningful way in the new employee orientation program. In addition, the new resident/family orientation includes an introduction of resident-centered care concepts and how those concepts are realized within the community.	☐ *Continuing Care Applicant Question:* How are residents and family members involved in the new employee orientation program?	☐ A copy of your new employee and new volunteer orientation agenda(s), indicating where and how patient-/resident-centered concepts, initiatives and expectations are shared with staff and volunteers ☐ *Continuing Care Applicant Requirement:* A copy of your new resident/family orientation agenda, indicating where and how resident-centered concepts, initiatives and expectations are shared with new residents and their families
II.E: Active teams are in place that address patient-/resident-centered initiatives, and include participation by non-supervisory staff and patients/residents and families.	☐ How are ideas and input from patients/residents incorporated into the work of these teams?	☐ A list of each of your initiative teams, along with member names and job titles and/or role (e.g. resident, family member). Please indicate how long each team has been active and how often they meet
II.F: Formalized processes are in place to promote continuity, consistency and accountability in care delivery, and which allow staff the opportunity and responsibility for personalizing care in partnership with each patient/resident.	☐ Please describe your care delivery or work design model. ☐ How does the approach promote continuity in the patient/resident experience? ☐ How are staff who work most closely with patients/residents given a voice in how care is delivered?	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
II.G: A mechanism is in place to provide staff support services that include elements identified by staff as priority areas. Examples include access to support services such as meals-to-go, relaxation and stress reduction programs/services, space to recharge away from patients/residents and families, emotional support such as bereavement services and staff support groups and provision of ergonomic support measures in order to ensure physical well-being of staff and injury prevention.	☐ Describe your "care for the caregiver" plan. ☐ How did you ensure that diverse staff perspectives informed the development of this plan?	N/A
II.H: Human resource systems, including job descriptions and evaluations, reflect the organization's patient-/resident-centered care philosophy. Other examples include behavioral standards, recruitment and retention efforts, staff selection tools and criteria and conducting team interviews. In continuing care environments, residents play a role in the hiring and evaluation of staff.	☐ How do your organization's human resources systems reflect your patient-/resident-centered care philosophy? ☐ *Continuing Care Applicant Question:* How does the organization involve residents in the hiring and evaluation of staff?	☐ Sample job descriptions and evaluation tools; please provide a sample for a clinical and non-clinical position ☐ Data on organizational vacancy and turnover rates for the past several years

Criteria	*Questions Requiring Response*	*Documentation Required*
II.I: Opportunities, both formal and informal, are provided for staff reward, recognition and celebration. In continuing care environments, recognition and celebration programs integrate residents and family members and extend to their personal milestones, achievements and contributions to the continuing care community.	☐ Describe how staff is recognized and rewarded. ☐ What opportunities exist for patients/residents and family members to recognize staff? ☐ *Continuing Care Applicant Question:* What mechanisms are in place to recognize residents and family members for their contributions to the continuing care community? ☐ *Continuing Care Applicant Question:* Describe opportunities for celebrating residents' and employees' life milestones and personal achievements. How often do such celebrations occur? How are they personalized?	N/A
II.J: Independently administered staff engagement or experience surveys using a validated survey instrument, or other structured staff feedback mechanisms, are conducted at least once every two years.	☐ Please identify the vendor or instrument used to assess employee satisfaction and the data collection method (electronic v. mailed, time intervals, total # and % of employees contacted vs. completion rates). ☐ Please give specific examples of how you have used this data to improve the employee experience in your organization and document measured improvements.	☐ Summary results of your three most recent employee surveys

Criteria	*Questions Requiring Response*	*Documentation Required*
II.K: When an adverse clinical event or unanticipated outcome occurs, a process is in place to provide support to patients/residents, family and staff affected. This includes a process for full and empathetic disclosure to patients/residents (and family as appropriate).	☐ Describe the processes in place to provide support to patients/ residents and families affected by an adverse event. ☐ Describe the processes in place to provide support to staff affected by an adverse event. ☐ Describe the organization's approach to disclosure.	☐ A copy of your approved disclosure policy
II.L: Processes are in place to help patients/ residents anticipate the costs of care and assistance is available for those who need to make financial arrangements. Financial communications are concise, clear and respectful.	☐ Please describe the patient-/resident-friendly processes and tools that have been implemented related to billing communications and collections.	N/A
II.M: The organization has processes in place focusing on keeping patients/residents and staff safe from harm from self and others, and staff is provided education on and demonstrates competency in balancing safety considerations with being supportive of patient/resident empowerment, independence and dignity.	☐ Describe how the organization's focus on safety is balanced with being supportive of patient/resident empowerment, independence and dignity. ☐ What processes are in place for staff to provide education to patients/ residents on the implications of choices that may pose a safety or health risk?	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
II.N: Effective 24-hour shift-to-shift and inter-departmental communication processes are in place to ensure patients'/residents' individualized needs are evaluated, discussed, and met. Patients/residents and families are involved in shift-to-shift communication in a manner that meets their individual preferences and needs.	☐ Describe mechanisms integrated into hand-off processes that facilitate caregivers' having the information they need to provide personalized care. ☐ Describe opportunities for patient/resident and family involvement in these shift-to-shift communications. (Examples include conducting bedside rounds and reviewing a patient's bio as part of the hand-off process.)	N/A
II.O: Effective communication mechanisms are in place to engage all staff (including off-site and all shifts) in dialogue about organizational priorities.	☐ Describe the approaches employed by the organization to keep all staff well-informed of organizational priorities. ☐ What mechanisms are in place to ensure this communication is reciprocal?	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
II.P: Staff engages patients/residents, family and/or their advocates in the care planning process. Examples may include use of shared decision making tools, health coaching and collaborative care conferences.	☐ What systems are in place to support the engagement of patients/residents and families in the care planning process? ☐ When there is more than one choice for treatment, what processes and tools do caregivers employ to explain choices and determine which option the patient (and family, as appropriate) feels is best for them? How are the choices made documented? ☐ What, if any, shared decision making tools are used by the organization? ☐ What processes are in place to integrate patients'/residents' health and wellness goals, preferred routines and rhythms of daily life into care plans?	N/A
II.Q: The professional development/ advancement of staff is supported. Examples include the empowerment of frontline work teams, internal training and promotion tracts (e.g., career ladders), flexible scheduling to enable educational pursuits, an actively utilized tuition reimbursement program, etc.	☐ Describe how the professional development and advancement of staff is supported.	N/A
II.R–*Applies only to continuing care sites*: In continuing care settings, residents are given an opportunity to participate, as appropriate*, in a retreat experience or an equivalent to assist with internalizing resident-centered care concepts and to enhance sensitivity to the needs of the entire community. Resident retreats are conducted at a minimum annually. *(* Exceptions include those clinically unable to participate.)*	☐ Describe your resident retreat process (length, agenda, location, facilitators, frequency and participation rates), and if you do not hold retreats, please describe how you engage residents and provide them with an experiential training to enhance their understanding of resident-centered care concepts.	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
II.S–*Applies only to continuing care sites*: Residents are provided with the choice of where they are going to live and with whom, with staff input provided as appropriate.	☐ Describe the processes in place to accommodate resident choices about their living arrangements.	N/A

Section III: Promoting Patient/Resident Education, Choice and Responsibility

Objectives:

Patients/residents are provided education and access to a wide range of health and medical information, including, as clinically appropriate, having real-time access to the medical record, treatment plan/care plan and other clinical information.

Families are provided education and access to a wide range of health and medical information, including, based on the patients'/residents' preference and consent, details related to diagnoses, the treatment plan and other clinical information.

Patients/residents know that they can participate in the decisions regarding their care and that their decisions will be respected.

Patients/residents are given information about what educational resources are available and know that they may participate at whatever level they are comfortable with, while they are residents or either in- or out-patients.

Patients/residents and family members are involved in the development of the care plan.

Staff is familiar with patient education and community information resources, and will assist patients/residents and families in accessing such resources.

Patients/residents are supported in managing their own healthcare information in order to optimize continuity of care among multiple providers.

Criteria	*Questions Requiring Response*	*Documentation Required*
III.A – *Acute Care and Continuing Care Application*: A policy for sharing clinical information, including the medical record and the care plan, with patients/residents has been approved, staff are educated on this policy and the process for sharing the record and care plan, an effective system is in place to make patients/residents aware that they may review this information, and a process is in place to facilitate patients/residents documenting their comments.	☐ When was your shared medical record policy approved or put into place? How long has it been an active practice? ☐ How are patients/residents made aware that they have the choice to read their medical record and/or care plan while in your care? ☐ How is staff educated about the shared medical record policy and practice? ☐ Describe the mechanisms in place for patients/residents to document their comments and for caregivers to access those comments (with patient permission). ☐ How is the opportunity to document their comments communicated to patients/residents?	☐ A copy of your approved shared medical record policy

Criteria	*Questions Requiring Response*	*Documentation Required*
III.A-*Behavioral Health Application:* In behavioral health settings, decisions about the extent of the clinical information shared and the mechanism used for sharing this information are made on an individualized basis. A range of options are available for sharing such information, including the medical record and the treatment plan, to ensure that patients of varying competency levels have access to information that will help them to understand their symptoms, diagnosis and treatment.	☐ When was your policy related to sharing clinical information with patients approved or put into place? How long has it been an active practice? ☐ Please describe the different ways (mechanisms and processes) that a patient's clinical information may be shared with him or her as well as the factors that may influence how such information is shared. ☐ How is staff educated about the policy and practice related to sharing patients' clinical information with them? ☐ How do you monitor staff communication to patients of this choice, and patient participation levels? ☐ Describe the mechanisms in place for patients to document their comments and for caregivers to access those comments. How is the opportunity to document their comments communicated to patients?	☐ A copy of your approved policy

Criteria	*Questions Requiring Response*	*Documentation Required*
III.B: A range of educational materials, including consumer health, those designed to accommodate a range of health literacy levels and culturally appropriate resources, is available for patients/residents and families and is easily accessible to staff. Patients/residents and family members are aware of the collection of resources available and qualified health information professional staff is available to assist them with their health information needs. The organization has conducted an organizational health literacy assessment and has a plan in place to address deficiencies.	☐ Describe the health information and educational resources available to patients/residents, families and/or staff. ☐ Do you have an on-site consumer health resource center? If yes, how long has it in operation? If no, what systems are in place that enable patients/residents and families to access health information and educational resources that meet their needs, including low literacy and culturally appropriate resources? ☐ Describe the staff available to support patients/residents and families in getting their health information needs met.	☐ Samples of patient/resident education materials ☐ Provide a summary of the most recent health literacy assessment and the action plan to address deficiencies.
III.C: Patients/residents are provided with meaningful discharge/transition instructions in a manner that accommodates their level of understanding and in a language that they understand.	☐ Describe the process for providing patients/residents with discharge/ transition instructions. ☐ What processes are in place for assessing patients'/residents' comprehension of these instructions? (E.g. Teach Back, Ask Me 3, etc.) ☐ How does the organization support families' participation in the discharge/transition process?	☐ Samples of documents integrated into care processes to support the discharge/transition process. ☐ *Acute Care Applicant Requirement:* Please provide your hospital-wide 30-day readmission rate for the last 12 months
III.D: The site has a process to assist patients/residents and families in managing their medical information and coordinating their care among multiple physicians, including their admitting physician, primary care provider and appropriate specialists. An example is providing patient access to personal health information via the organization's electronic patient portal.	☐ How are patients/residents and families assisted in managing their medical information and coordinating their medical care?	N/A

Section IV: Family Involvement

Objectives:
Family members (those who are considered "family" by the patient/resident) know that they are valued members of the patient's/resident's health care team, and, as clinically appropriate, are welcomed and supported to be with the patient/resident whenever the patient/resident wishes.

When mutually agreed upon and clinically appropriate, staff encourages families to participate in the emotional and spiritual support and physical care of the patient/resident.

Staff actively involves patients'/residents' families throughout the care planning process in formal and informal ways.

Any clinically-based restrictions on family involvement are explained to the patient/resident and family.

The organization is mindful of and responsive to the physical and emotional needs of those who are the patient's/resident's support system.

Criteria	*Questions Requiring Response*	*Documentation Required*
IV.A -*Acute Care and Continuing Care Application*: Flexible, 24-hour, patient-/resident-directed family presence is in place, and children are permitted to visit. (Family is as defined by the patient/resident; Exceptions include psychiatric facilities, NICU and in cases of communicable disease.) In continuing care settings, programs are implemented to enhance the visitation experience for both visitors and residents, and appropriate accommodations are made to support visitation as it relates to a variety of resident/family needs, including visitation by a spouse or partner, visitation at the end of life, visits to residents with dementia, etc.	☐ How long has 24-hour patient-/resident-directed family presence been in place at your organization? ☐ How is this policy communicated to patients/residents and families? ☐ Other than the exceptions noted in the criterion, are there any areas/ units and/or occasions (e.g. change of shift) in which 24-hour family presence is not in place? Describe. ☐ Besides lifting restrictions on visiting hours, describe other ways that the organization actively supports family's presence. Examples include guest food trays, programs to offer social/emotional support to families, and accommodations to support family's presence at end-of-life. ☐ *Continuing Care Applicant Question:* What additional approaches have been implemented to enhance the visitation experience for visitors and residents?	☐ A copy of your visitation policy

Criteria	*Questions Requiring Response*	*Documentation Required*
IV.A-*Behavioral Health Application:* In behavioral health settings, visiting hours are consistent with the patient's treatment plan and flexible to accommodate patient and family visitation preferences. Restrictions to visitation are determined by the treatment plan and patient preferences, and the rationale for any restrictions is clearly communicated to patients and families.	☐ How long has flexible visitation been in place at your organization? ☐ How is this policy communicated to patients and families? ☐ Describe other ways that the organization actively supports family's presence. Examples may include programs to offer social and emotional support to loved ones.	☐ A copy of your visitation policy
IV.B-*Acute Care and Continuing Care Application*: A comprehensive formalized approach for partnering with families in all aspects of the patient's/resident's care, and tailored to the needs and abilities of the organization, is developed. An example is a Care Partner Program.	☐ How long have you had a comprehensive, active family involvement program, such as Care Partners, and in which areas of the hospital or LTC community is this in practice? ☐ How are patients/residents and families made aware of this?	☐ A copy of your family involvement policy
IV.B-*Behavioral Health Application:* A comprehensive formalized approach to providing families with psychoeducation and, when clinically appropriate, involving them in the patient's care, is developed and tailored to the needs and abilities of the organization. An example is a Care Partner Program.	☐ How long have you had a comprehensive, formalized family involvement program, such as Care Partners? ☐ How are patients and families made aware of this?	☐ A copy of your family involvement policy
IV.C: A process is in place to encourage patients/residents and families to communicate with staff about any concerns related to their care, including any concerns related to patient/resident safety.	☐ Describe your processes for encouraging patients/residents and families to communicate with staff about concerns.	N/A
IV.D. *Applies only to continuing care sites*: A process aligned with each resident's individual preferences is in place to contact residents' family on a regular basis to communicate progress and/or "positive events."	☐ Describe your processes for contacting residents' family members to communicate progress and/or positive events.	N/A

Section V: Dining, Food and Nutrition

Objectives:
Patients/residents, visitors and staff have access to healthy food choices 24-hours/day.

Flexibility in dining options accommodates patients'/residents' personal preferences and routines.

The nutrition program caters to individual needs, including dietary restrictions, in a dignified manner.

Patients/residents direct their dining experience, which seeks to maintain each individual's dignity and, as appropriate, enhance socialization.

Criteria	*Questions Requiring Response*	*Documentation Required*
V.A: A system is in place to provide patients/residents, families and staff with 24-hour access to a variety of fresh, healthy foods and beverages (unless doing so conflicts with the treatment plan). Patients'/residents' personal preferences and routines around mealtimes are considered and accommodated to the extent possible.	☐ Describe your processes for providing patients/residents and staff with healthy food choices. ☐ Are nourishing foods available 24-hours a day in staff, patient/resident, and visitor areas? ☐ How are the areas kept stocked? ☐ Describe mechanisms in place that allow for personalization of the dining experience to meet patients'/residents' personal preferences and customary daily habits.	N/A
V.B. *Applies only to continuing care and behavioral health sites*: The dining experience maintains patients'/residents' dignity, enhances socialization and supports independence while catering to individual needs. Examples include implementation of a restorative dining program, the provision of finger food, supporting staff and patients/residents in dining together and providing opportunities for patients/residents to assist with meal preparation (ex: table setting, clearing plates, etc.).	☐ Describe patients'/residents' dining environments. How does the environment support independence and socialization during meal times? ☐ Describe opportunities for patients/residents to participate in mealtime preparations.	N/A

Section VI. Healing Environment: Architecture and Design

Objectives:

The site creates an environment that is less institutional and more home-like in appearance.

The site balances the need for patient/resident safety with the importance of patient/resident comfort, privacy and modesty.

The environment maximizes opportunities for privacy, intimacy and socialization.

The site and its campus are healing environments, engaging all of the human senses in ways that facilitate the healing process.

The organization considers the experience of the mind, body, and spirit of patients, families, and staff in its planning and design efforts.

Criteria	*Questions Requiring Response*	*Documentation Required*
VI.A: The built environment incorporates evidence-based principles of healing healthcare design and is consistently updated to enhance the safety and security of patients/residents, visitors, and staff. Users of the space are involved in the design process. This may include design teams with stakeholder participation, focus groups with patients/residents, families, physicians and staff, research based on community demography and/or a research basis that supports the continuum of care.	☐ How have the principles of healing healthcare design been integrated into the design of your space? Provide specific examples. ☐ What processes or resources do you use when planning a design or renovation project to ensure that healing healthcare design principles are incorporated? ☐ During your most recent design or renovation project, how did you involve users of the space (patients/residents, staff) in the design process? ☐ Have you conducted a post-occupancy assessment as part of your evidence-based design process? If yes, please share any results.	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
VI.B. Patients/residents have choices or control over their personal environment, including personalization, electrical lighting, access to daylight, noises and sounds, odors, thermal comfort and visual privacy.	☐ Describe opportunities for patients/ residents to make choices or maintain control over their physical environment. Address lighting, access to daylight, the auditory and olfactory environments, temperature and visual privacy. ☐ Describe efforts to maintain a pleasant olfactory environment. ☐ *Hospital Applicant Question:* Describe how you have assessed and addressed the need to decrease noise levels in patient care areas. How do you monitor noise/overhead paging? ☐ *Continuing Care Applicant Question:* Describe opportunities for residents to personalize their living environment.	N/A
VI.C: As plans for future renovations and remodeling are developed, symbolic and real barriers are minimized and open communication and human interactions are prioritized. Examples include implementing principles of universal design, open and collaborative team centers for staff, private consultation areas, family lounges, nourishment centers for family and visitor use and reduction of access-limiting signage.	☐ Describe examples of how symbolic and real barriers have been removed in patient/resident care areas to create a more healing environment. ☐ Describe your quiet, healing spaces, gardens, staff rejuvenation spaces, family lounges, kitchens/ nourishment centers and/or libraries. ☐ How is the availability of these areas promoted to patients/residents and families?	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
VI.D. A patient/resident and visitor navigation plan provides a clear and understandable pathway for patients/residents and visitors to their destinations. Patient/resident input informs the navigation plan. Components of the navigation plan may include progressive disclosure, wayfinding that is understandable to a variety of end users regardless of language of origin or physical ability, destination markers, clear sightlines with visual wayfinding markers such as architectural details, pattern or artwork, kiosks and/or the provision of handheld maps. In continuing care settings, signage in resident rooms is kept to a minimum.	☐ Do patients/residents and visitors become lost easily in your building(s)/campus, and if so, how do you address this? ☐ Describe ways that patients/ residents have been involved in the development and/or evaluation of your navigation plan.	N/A
VI.E. Physical access to the building is barrier-free, optimally accessible (employs universality in its design) and convenient for those served. This may include having additional accessible parking adjacent to entrances, offering valet service and/or shuttles to transport visitors to and from the building, and ensuring that wheelchairs are conveniently located at entrances sufficient to meet the need of patients/residents.	☐ Describe accommodations to promote barrier-free and convenient access to and within your building. ☐ Describe the availability of parking, including valet parking and/or shuttle services, if available.	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
VI.F. The environment is designed to accommodate privacy needs in a culturally appropriate way and provides for patient/resident dignity and modesty, particularly in common areas, check-in/registration, check-out/billing, patient/resident rooms and bathrooms.	☐ Describe environmental design features that facilitate private conversations. Examples include arrangement of chairs in waiting areas, availability of private conference rooms, and design of registration areas. ☐ Describe environmental design features that provide for patient/ resident dignity and modesty, addressing at a minimum, common areas, patient/resident rooms and bathrooms.	N/A
VI.G: The organization is able to demonstrate its commitment to the promotion of holistic community health through environmental stewardship, including sustainable approaches to construction, renovation and ongoing operation and maintenance of the facility as well as encouraging environmentally-friendly practices in staff work (e.g. reduction of interior and exterior pollutants, conservation of resources, preserving green space etc.)	☐ During your most recent construction and/or renovation projects, were any sustainable or "green" approaches adopted? If yes, describe. ☐ Describe any environmentally-friendly practices that have been incorporated into facility maintenance and upkeep. Examples may include use of green cleaning products, equipment and lighting choices that decrease mercury, copper, etc. content and specification of products or materials free of contaminant ingredients like formaldehyde or polyvinyl chloride. ☐ Is the organization LEED or Energy Star certified? ☐ Are there active recycling and waste reduction programs in place?	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
VI.H. Lighting is provided that is aesthetically conducive to creating a healing environment and that enhances staff, patient/resident and family safety and security throughout premises.	☐ What type of lighting is provided in the corridors? Overhead fluorescent? Indirect? ☐ Does staff have task lighting at their work areas to perform their duties appropriately? Are there low-level lights in patient/resident rooms for staff to check on them at night? ☐ Can patients/residents control the lighting in their room for reading, visiting with family, etc.? ☐ Does lighting support wayfinding; i.e. pendant lighting, sconce lighting, etc.? ☐ Can the corridor lights be dimmed or controlled for lower levels during quiet time and at night?	N/A
VI.I: Patients/residents and staff have access to nature. Examples include an indoor, outdoor or roof garden.	☐ Describe your healing spaces that provide patients/residents access to nature.	N/A
VI.J– *Applies only to continuing care and behavioral health sites*: Common spaces are available and feature a sense of spaciousness and light. In addition, they satisfy patients'/residents' needs for both private spaces and spaces that support social interaction.	☐ Describe design features in common spaces that satisfy patients'/ residents' needs for both privacy and social interaction.	N/A
VI.K– *Applies only to continuing care and behavioral health sites*: Protocols are in place for reducing coercive intervention. Examples may include a provision of a comfort room, Snoezelen, or low-stimulation environment.	☐ Describe your protocols for reducing coercive intervention. ☐ What is the current % of patients/residents on restraint interventions?	N/A

SECTION VII: ARTS PROGRAM/MEANINGFUL ACTIVITIES AND ENTERTAINMENT

Objectives:

Patients/residents have access to a variety of arts and entertainment.

Patients/residents are supported in maintaining their personal hobbies and interests.

Staff, patients/residents, and families are engaged and involved in providing meaningful activities and entertainment.

A variety of opportunities exist to support residents' personal, intellectual and professional growth.

The quality of activity programming is emphasized over the quantity of programs offered.

Criteria	*Questions Requiring Response*	*Documentation Required*
VII.A: Arts and entertainment programming and activities are designed with and in response to the interests of patients/residents. In continuing care environments, the array of activities is dynamic, driven by residents' individual interests, and inclusive of family and staff. They also include opportunities for intergenerational interaction and reciprocal learning. The activities program allows for spontaneity and self-directed opportunities for residents, 24-hours a day, 7 days a week.	☐ Describe examples of arts and entertainment programming in place. Include how long they have been in active practice. ☐ Describe how the organization has investigated patients'/residents' interests related to arts and entertainment programming and how those perspectives have informed what is offered. ☐ *Continuing Care Applicant Questions:* Describe how residents are engaged in developing the menu of arts and entertainment programming. ☐ Describe opportunities for family and staff involvement in the activities offered. ☐ Describe opportunities for intergenerational interaction within the community.	N/A
VII.B–*Applies only to continuing care sites*: A flexible transportation system is provided that enables residents to satisfy personal wishes, to participate in off-site activities and to volunteer.	☐ Describe the transportation options available to residents.	N/A

Section VIII. Spirituality and Diversity

Objectives:
The spiritual needs of patients/residents, families and staff are supported.

The special needs of diverse populations of patients/residents, families and staff from different cultural backgrounds and belief systems are supported and celebrated.

Criteria	*Questions Requiring Response*	*Documentation Required*
VIII.A: A plan is developed and implemented that recognizes the spiritual dimension of patients/residents, families and staff.	☐ Describe how the spiritual needs of patients/residents, family and staff are identified and addressed in your organization.	N/A
VIII.B: Accommodations are made to integrate individual patients'/residents' cultural norms, needs and beliefs into their care and treatment plan upon request.	☐ Describe how you have investigated and documented the special cultural needs of your diverse community members. ☐ Provide examples of specific accommodations that have been made to integrate patients'/ residents' cultural beliefs/norms into their care and treatment.	N/A
VIII.C: *Applies only to continuing care sites:* Programs, rituals and ceremonies are regularly offered to celebrate the diversity among all members of the community. An example is holding monthly cultural education events.	☐ Describe any programs, rituals or ceremonies that have been established to promote a sense of inclusion and connectedness within the community. Indicate how often each is held.	N/A

Section IX: Integrative Therapies/Paths to Well-Being

Objectives:
The interests of the communities served for evidence-based alternative, complementary and integrative healing modalities are addressed and supported.

Staff members and patients/residents, as clinically appropriate, are provided with caring touch in the heath care environment.

Patients'/residents' wellness needs are approached holistically.

Criteria	*Questions Requiring Response*	*Documentation Required*
IX.A: A broad range of healing modalities, including those considered complementary to Western or traditional modalities, are offered to meet the needs of patients/residents. These offerings are based on an assessment of the interests and current utilization patterns of patients/residents and medical staff in such complementary and integrative healing modalities. Examples could include providing direct services, developing a process for responding to patient/resident requests for in-hospital treatment by the patient's/resident's existing practitioner(s), and evaluation of patients/residents' herbal remedies as part of the medication reconciliation process.	☐ Describe how you have determined the needs and interests of your patients/residents who wish to have access to complementary/integrative healing modalities. Include how this is done at an organizational level as well as at an individual level.	N/A
IX.B: A plan for caring touch is developed and implemented as appropriate. (Exceptions include behavioral health patients.) Examples of caring touch include massage, healing touch, therapeutic touch and Reiki. Beyond implementation of formal caring touch programs, patients'/residents' daily care is provided with gentleness.	☐ How is caring touch provided to patients/residents, family and staff in your organization? ☐ Describe any additional efforts undertaken to promote gentleness in the daily care provided to patients/residents.	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
IX.C. Patients'/residents' health and wellness needs are approached holistically and in consideration of the person's expressed health goals and priorities. Caregivers assess the ability of each patient/resident and family member to self-manage their health care needs, and support is available, as needed, to enhance self-management abilities. Examples include home monitoring, health coach support, programs that support patients/residents/ family in chronic disease management, stress management, nutrition, etc.	☐ Describe the organization's approach to supporting patients/residents in chronic disease management. ☐ Describe how caregivers assess patient/resident/family member abilities to self-manage their care needs. ☐ *Continuing Care Applicant Question:* Describe residents' access to wellness and health management opportunities and services.	N/A
IX.D. *Applies only to acute care and continuing care sites:* A plan is developed and implemented for providing holistic and dignified end-of-life care. The plan includes clinical care and pain management, meaningful education about advance directives, and psychosocial and spiritual support.	☐ What practices around death and dying have you implemented to support and enhance this process? Examples include a White Rose Program, a nourishment cart for loved ones and a Reflection Program.	N/A

Section X: Healthy Communities/Enhancement of Life's Journey

Objectives:

Sites extend their activities outside the walls of their organizations in ways that positively impact the health of the communities they serve.

Wellness programs, including chronic disease prevention and management programs, maximize the quality of life for all members of the community.

Criteria	*Questions Requiring Response*	*Documentation Required*
X.A: Based on the interests and needs of the community, a plan is developed to improve community health. Examples include provision of direct services, educational information, or referral and collaboration with local agencies.	☐ Describe how you have assessed, determined, and are meeting the public health needs and interests of your community.	N/A
X.B: The organization facilitates the active involvement of its external community in the life of the internal community. An example is an active volunteer program.	☐ Does the organization have an active volunteer program? If yes, describe the role that volunteers play in the organization, as well as the size and scope of the volunteer program. ☐ If applicable, describe other ways in which the organization facilitates the active involvement of members of the local community-at-large in the day-to-day life and operations of the organization.	N/A
X.C: The organization works with other local healthcare providers across the continuum of care to improve care coordination, communication and information exchanges around the needs of each patient/resident and family, especially during transitions of care.	☐ Describe how your organization works with other healthcare providers in your service area to enhance patient-/resident-centered approaches to care across the continuum of care.	N/A

Criteria	*Questions Requiring Response*	*Documentation Required*
X.D: *Applies only to continuing care and behavioral health sites:* The goal of sustaining a meaningful life for patients/residents is supported in a manner that is consistent with their physical and mental state and length of stay. Examples include implementation of a life stories program and supporting patients/residents in volunteering.	☐ Describe ways in which the organization supports patients'/ residents' personal, intellectual and professional growth. Examples may include a Journey of Dreams program, journal writing programs, mentor programs and partnerships with academic institutions.	N/A
X.F –*Applies only to continuing care sites:* The move-in process is managed to maximize connections within the community and to minimize the stress associated with the transition.	☐ Describe the move-in process for new residents, with specific emphasis on innovations to emphasize relationship-building.	N/A

Section XI: Measurement

Objectives:
Data is gathered to measure overall quality of care, patient/resident safety, and the patient/resident experience and is used to enhance quality and safety, and to improve the patient/resident experience.

Criteria	*Questions Requiring Response*	*Documentation Required*
XI.A-*Acute Care Application*: Patient experience (both inpatient and outpatient) is regularly assessed using a validated survey instrument, which includes the HCAHPS questions. HCAHPS performance for the most recent 12 months for which data is available satisfies each of the following: • **The hospital's aggregate performance on the eight composite questions exceeds the national aggregate performance. (Aggregate score can be calculated by averaging mode-adjusted top box scores for the eight questions; scores will be rounded to the nearest whole percentage point.)** • **Performance on each publicly reported category falls no lower than seven percentage points below the national average.** • **Performance on the overall rating question exceeds the national average.**	☐ Identify the vendor or instrument used to assess patient satisfaction, when you began to use the HCAHPS questions, and the way in which the data is collected, e.g. phone, mail, etc. ☐ What percentage of discharged inpatients completes your survey on average, per month? ☐ Please give specific examples of how you have used this data to improve the patient experience in your organization. ☐ Describe how the organization is using survey data to improve the outpatient experience.	☐ Annualized summary results of the last two years of HCAHPS data, with comparisons to vendor benchmarking database. ☐ Summary of outpatient experience data collected over the last twelve months.

Criteria	*Questions Requiring Response*	*Documentation Required*
XI.A-*Behavioral Health Application:* Patients' perspectives of care (both inpatient and outpatient) are regularly assessed using a validated survey instrument.	☐ Identify the vendor or instrument used to assess patients' perspectives of care and the way in which data is collected (electronic v. mailed, time intervals, total # and % of patients contacted vs. completion rates). ☐ Provide specific examples of how you have used this data to improve the patient experience in your organization.	☐ Annualized summary results of the last two years of patient satisfaction data, with comparisons to vendor benchmarking database.
XI.B-*Acute Care Application*: The hospital monitors and reports its performance on the full set of CMS Quality Measures to CMS, and shares data on all available indicators with Planetree. The hospital's performance for the most recent twelve month period for which data is available exceeds the "National Average" performance as reported on the U.S. Department of Health and Human Services Hospital Compare web site on 75% of the indicators for which the hospital has more than 25 eligible patients for the 12 month period (an n of >25).	N/A	☐ Summary results of your most recent twelve months of CMS core measures scores.
XI.B-*Behavioral Health Application:* The hospital monitors and reports its performance on appropriate quality measures and provides benchmarks for comparison purposes. The hospital meets or exceeds benchmarks. Sites accredited by The Joint Commission may submit their ORYX Performance Measure Report, with both the control chart to demonstrate internal trending and the comparison chart to demonstrate performance that meets or exceeds benchmarks to satisfy the criteria.	N/A	☐ Summary results of your most recent twelve months of performance on appropriate quality measures, with comparisons to benchmarks.

Criteria	*Questions Requiring Response*	*Documentation Required*
XI.C: The organization regularly solicits information from staff about safety concerns and uses the information generated to improve safety practices in the organization. The organization has a process for encouraging staff to report quality and safety issues. A survey is conducted to assess its safety culture at a minimum once every two years.	☐ What processes are implemented to solicit information from staff about your culture of safety? ☐ When was your most recent safety culture survey and how was it conducted? When do you next anticipate administering a safety culture survey? ☐ How do you use the information obtained from staff to enhance safety? ☐ Provide current data on Hospital Acquired Conditions, Healthcare Associated Infections and Surgical Complications.	☐ Summary results of your most recent safety culture survey.
XI.D: Staff and patient/resident/family members are actively involved in the design, ongoing assessment and communication of performance improvement efforts. The organization consistently utilizes data to identify and prioritize improvement over time.	☐ How is performance improvement information communication to staff? To residents? To the external community?	☐ Quality Profile Tool or Quality Indicator Data Calculation Tool ☐ Policy/Procedure for sharing multi-method performance improvement information with all stakeholders, inclusive of, at a minimum, focus group feedback, satisfaction surveys, and quality outcomes